



# KENTUCKY DIRECTORY OF REGISTERED ATHLETE AGENTS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601  
(502) 564-3296 ~ <http://raa.ky.gov>

## APPLICATION FOR RENEWAL OF REGISTRATION AS AN ATHLETE AGENT

### INSTRUCTIONS

1. This application must be typed or printed legibly and completed in its entirety.
2. This application and all supporting material must be submitted with the application fee of One Hundred Dollars (\$100.00). This fee is nonrefundable. All fees must be paid by check or money order made payable to the **Kentucky State Treasurer**. DO NOT SEND CASH.
3. Refer to KRS 164.6911.
4. This completed application may be submitted to the Kentucky Directory of Registered Athlete Agents either by mail to P.O. Box 1360, Frankfort, KY 40602 or by delivery to 911 Leawood Drive, Frankfort, Kentucky 40601.

### APPLICANT INFORMATION

\_\_\_\_\_  
Last Name First Name Middle I.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City County State Zip Code

\_\_\_\_\_  
Name of Business or Employer

\_\_\_\_\_  
Business Address (If different from address listed above)

\_\_\_\_\_  
City County State Zip Code

\_\_\_\_\_  
Work Phone Number Home Phone Number Cell Phone Number

\_\_\_\_\_  
Email Address Kentucky Registration Number



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### RENEWAL INFORMATION

1. Please provide the information requested below for any new individuals for whom the applicant has acted as an athlete agent since the last application filed.

Name	Sport	From	To



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### SECTION 3: BUSINESS MEMBERSHIP

Please answer either questions 1 or 2, depending on whether or not your business or employer is a corporation.

1. **NON-CORPORATIONS.** With respect to the applicant's business or employer (if it is not a corporation), then give the names and address of all partners, members, officers, managers, associates and profit-sharers associated with that business or employer. Attach additional sheets as needed.

Name	Address	Position

2. **INCORPORATED BUSINESS ENTITIES.** With respect to the corporation employing the applicant, please give the names and address of all officers, directors, and any shareholders of the corporation having an interest of 5 percent (5%) or greater associated with that corporation. Attach additional sheets as needed.

Name	Address	Position



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### SECTION 4: APPLICANT AND BUSINESS MEMBERSHIP CONDUCT

Please review questions 1 through 5 carefully before answering. Please answer the questions in regards to the applicant and every individual listed in response to Section 3, questions 1 and 2 as answered in the above.

1. Has the applicant, or anyone named in response to questions one or two in the above, been convicted of a crime involving moral turpitude or been convicted of a felony since your last renewal? ☐ Yes ☐ No.
2. Has the applicant, or anyone named in response to questions one or two in the above, been in any administrative or judicial determination for making a false, misleading, deceptive, or fraudulent mis-representation since your last renewal? ☐ Yes ☐ No.
3. Have there been any instances in which the conduct of the applicant or any person named in response to questions one or two in the above resulted in the imposition of a sanction, suspension, declaration of Ineligibility to participate in an interscholastic or intercollegiate athletic event on a student athlete or educational institution since your last renewal? ☐ Yes ☐ No.
4. Has there been any sanction, suspension, or disciplinary action taken against the applicant, or any person named in response to questions one or two in the above, rising out of occupational professional misconduct since your last renewal? ☐ Yes ☐ No.
5. Has there been any denial of an application for, suspension or revocation of, or refusal to renew, the registration of licensure of the applicant or any person named in the response to questions one or two in the above since your last renewal? ☐ Yes ☐ No.

If you answered yes to any of the questions above, please explain the circumstances fully on a continuation sheet, marked as Exhibit A.

### CERTIFICATION

I certify that the contents of this application for registration as an athlete agent as submitted to the Kentucky Directory of Registered Athlete Agents is true and correct in its entirety. In addition, I hereby pledge to follow all laws, administrative regulations, and standards set for under Kentucky Revised Statutes Chapter 164.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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#### SECTION 5: FEES

Please note that all application fees are non-refundable.

- ☐ \$100.00 (if paid by March 31 of each year)
- ☐ \$150.00 (if paid during sixty (60) day grace period after March 31)
- ☐ \$200.00 (if paid after the sixty (60) day grace period after March 31, but during the one (1) year period after March 31)

#### NOTICE OF ALTERNATIVE METHOD OF RENEWAL

In lieu of submitting this renewal application, an applicant seeking renewal as an Athlete Agent in Kentucky may submit:

1. A copy of another state's application for renewal;
2. A copy of a valid certificate of registration or licensure issued by the other state.

In addition, the following conditions must be met:

1. The renewal application must have been submitted in the other state within six (6) months of the application in this state and the applicant certifies that the information contained in the application is current;
2. The application must contain information substantially similar to, or more comprehensive than that required in the application above; and
3. The application must be signed by the applicant under penalty of perjury.